DP-200

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SINGLE MEMBER LIMITED LIABILITY COMPANY REQUEST FOR DEPARTMENT IDENTIFICATION NUMBER (DIN)

FOR DRAUSE ONLY	

INSTRUCTIONS

WHO MUST FILE	All <u>Single</u> Member Limited Liability Companies (SMLLC)					
PURPOSE	To obtain an identifying number which is required to file NH tax related documents. SMLLC's are required by NH Law to file a separate entity tax return even though the SMLLC does NOT file a separate federal tax return. A New Hampshire Department of Revenue Administration assigned number, Department Identification Number (DIN), is necessary in order to process all tax related documents for a SMLLC.					
WHEN TO FILE	This form must be filed at least 30 days prior to the due date of your first business tax document. Any changes in the registration information must be provided to the Department at least 30 days prior to the change.					
WHERE TO FILE	NH Department of Revenue Administration Document Processing Division PO Box 637 Concord NH 03302-0637	FACSIMILE DOCUMENTS ARE NOT ACCEPTED				
NEED HELP	Call the Department of Revenue Administration, Document Processing Division at (603) 271-2186. Individuals with hearing or speech appairments may call TDD Access: Relay NH 1-800-735-2964.					
	SMLLC ENTITY INFORMATION		_			
SMLLC NAME						
SMLLC NUMBER & STREET ADDRESS			FOR DRA USE	ONLY		
ADDRESS (contin	nued)					
SMLLC CITY/TOV	VN, STATE & ZIP CODE					
ALL SMLLC's MUST USE THE DEPARTMENT IDENTIFICATION NUMBER WHEN FILING ANY AND ALL TAX RELATED DOCUMENTS. Your Department assigned number shall be used in place of the member's federal employer identification number. When filing all future documents, the Department Identification Number shall be entered wherever federal employer identification numbers or social security numbers are required.						
	SMLLC MEMBER INFORMATION		MEMBER'S SSN OR FEI	N:		
SMLLC MEMBER	NAME		MEMBER'S SSN			
SMLLC NUMBER	R & STREET ADDRESS		MEMBER'S FEIN			
ADDRESS (continued)						
SMLLC MEMBER CITY/TOWN, STATE & ZIP CODE						
ENTITY TYPE: (1) Proprietorship (2) Corporation/Combined Group (3) Partnership (4) Fiduciary						
Yes, for fo	ederal income tax purposes, the income of the SMLLC will be	reported on the tax return of the r	nember as listed above.			
	deral income tax purposes, the income of the SMLLC will NO			ve. The income		
will be re	ported on the tax return for:		MEMBER'S SSN OR F	EIN:		
			MEMBER'S SSN			
NUMBER & STRE			MEMBER'S FEIN			
ADDRESS (continu	ued)					
CITY/TOWN, STA	TE & ZIP CODE					
FOR DRA USE	Under penalties as provided by law, I declare that I hat is true, correct and complete.	ve examined this application, and to	o the best of my knowled	ge and belief, it		
	SIGNATURE (IN INK) OF APPLICANT (Proprietor or Partner) DATE					
	SIGNATURE (IN INK) OF OFFICER OF CORPORATION IF OTHER THAN OWNER DATE					
	TITLE NH DEPT OF REVENUE ADMINISTRATION					
	MAIL DOCUMENT PROCESSING DIVISION TO: PO BOX 637 CONCORD NH 03302-0637					